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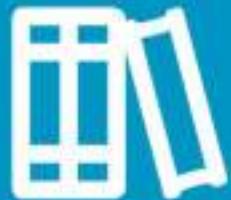
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- Graduated in 2022 with an ATAR of 97.30 and a 47 in HHD
- In 2023 I undertook a gap year and will commence a Bachelor of Medical Imaging this year
- I love music, going to the gym and learning songs on the drums

ATARNotes

# Health & Human Development 3&4

ATARNotes January Lecture Series

Presented by:  
Miranda Bennett

With HHD it is important that we build a foundation from the start. To do so, it is important we try to follow these 3 rules of thumb:

### 1. Link everything

- We should be utilizing a cause-and-effect structure in our answers to ensure all our links are in place — your marks within a response will be, more often than not, linked together by the conjunction “therefore”

### 2. Be specific

- Think of your answer as a funnel: your answer starts with many possibilities, but it should ultimately be centred around a very specific example relevant to the question — you’re doing it right if you have loads of “e.g.”s and “such as”s and “for example”s

### 3. Don’t be definitive

- Try not to use words such as “will” and instead, for instance, say “may” or add qualifiers like “likely”

## Area of Study 1

# Understanding Health and Wellbeing

- Health and wellbeing & dynamic and subjective nature of each
- Interrelationships between dimensions of health and wellbeing
- Benefits of optimal health & wellbeing individually, nationally & globally
- WHO prerequisites of health
- Indicators of health status
- Factors that contribute to variations in health status between population groups within Australia
- Smoking, alcohol, high BMI, dietary risks impact on BOD & health status

# Health and wellbeing as separate concepts

## HEALTH

“Health is a state of physical, mental and social **well-being** and not merely the absence of disease or infirmity.”  
(WHO, 1946)

## WELLBEING

- Wellbeing is **how** a person **feels** about themselves/ their lives in relation the dimensions.



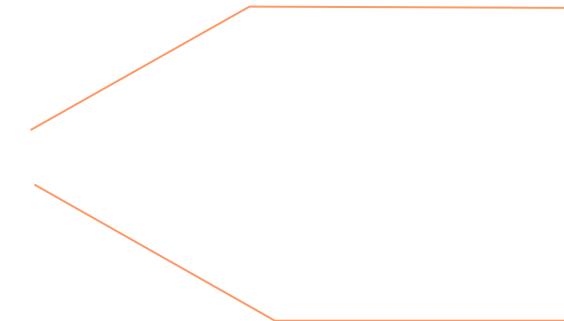
“Health and wellbeing relates to the state of a person’s physical, mental, social, emotional, and spiritual existence...

... and is characterised by an equilibrium in which the individual feels happy, healthy, capable, and engaged.”

## Dimensions of health

### Health and wellbeing = PMSES

- Physical
- Mental
- Social
- Emotional
- Spiritual



**Key point:** these 5 dimensions are not isolated, but are interrelated and influence each other.

**Key point:** There are detailed explanations available of all 5 dimensions on VCAA's 'clarification of terminology' document online.

Dimension	Explanation	Examples of Aspects
Physical	Relates to the efficient functioning of the body and its systems, including the physical capacity to perform daily tasks and physical fitness.	<ul style="list-style-type: none"> <li>• Free of disease or injury</li> <li>• Adequate energy levels</li> </ul>
Mental	Relates to the state of person's mind or brain, and their ability to think and process information.	<ul style="list-style-type: none"> <li>• Levels of optimism</li> <li>• Positive self-esteem</li> </ul>
Social	Refers to the ability to form meaningful and satisfying relationships with others and the ability to manage or adapt appropriately to different social situations.	<ul style="list-style-type: none"> <li>• Supportive network of family and friends</li> <li>• Ability to form and maintain productive relationships</li> </ul>
Emotional	Refers to the ability to recognize, understand and effectively manage and emotions as well as the ability to display resilience.	<ul style="list-style-type: none"> <li>• Manage and express their emotions</li> <li>• Being resilient</li> </ul>
Spiritual	Relates to the ideas, beliefs, values and ethics that arise in the minds and conscience of human beings.	<ul style="list-style-type: none"> <li>• A sense of belonging</li> <li>• Positive meaning and purpose in life</li> </ul>

- Emotional health and wellbeing relates to appropriately experiencing, identifying and managing emotions whereas mental health and wellbeing relates to the nature of feelings and thoughts that a person is having.
- e.g., If an individual undergoes a breakup
  - The person may feel a low level of optimism regarding the future of that area of social connection, compromising their mental h+w
  - However, if the individual is experiencing embarrassment, they are expressing the appropriate emotions, promoting emotional h+w

**VCAA 2013**

*Men's Shed is an initiative of the Australian Men's Shed Association. It has been developed in many local communities across Australia, and it offers men an opportunity to socialise with other men in their community and learn new skills, such as woodworking and the restoration of old furniture.*

*The Australian Men's Shed Association is a not-for-profit organisation that is funded by the Federal Government. It is now the largest association in Australia focused on men's health and wellbeing.*

**Explain two ways in which this initiative could impact men's health and wellbeing. (4 Marks)**



Note: PMSES

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The initiative is aimed at encouraging men to socialise with others in their community [1], through which they may be able to form meaningful relationships and **improve** their **social health and wellbeing**. [1] Being involved in the community could also instil a sense of belonging and purpose in the men's lives [1], which **improves** their **spiritual health and wellbeing**. [1]

**Explain two ways in which this initiative could impact men's health and wellbeing. (4 Marks)**

The initiative is aimed at encouraging men to socialise with others in their community [1], through which they may be able to form meaningful relationships and **improve** their **social health and wellbeing**. [1] Being involved in the community could also instil a sense of belonging and purpose in the men's lives [1], which **improves** their **spiritual health and wellbeing**. [1]

- *4 marks = 2 dimensions*
- *Identify dimension and explain how it is impacted*
- *Be sure to state whether the impact is positive or negative (not just that it "impacts" a dimension— you must frame it right)*
- *Good words include **promoting** (positively impacting) or **compromising** (negatively impacting)*

**Use this initiative to describe the interrelationship between the dimensions of health and wellbeing. (2 Marks)**

- The dimensions are interrelated
  - > levels of health in one dimension will impact the levels of health in another and vice versa

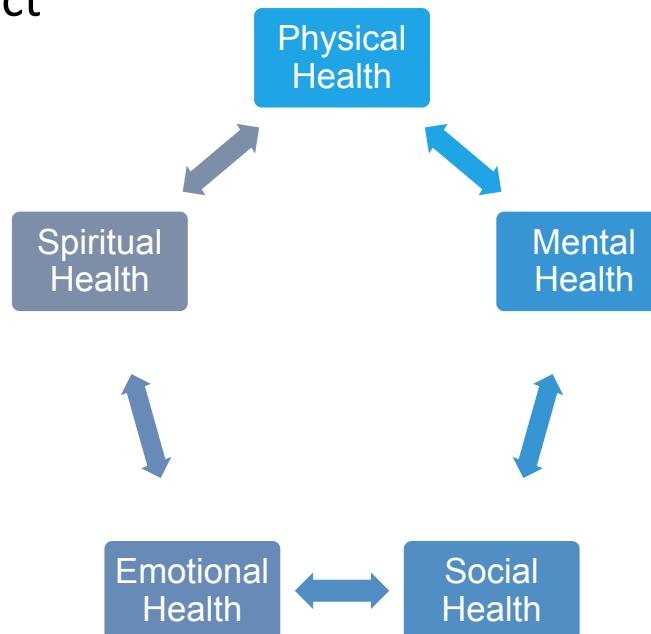
## Answer structure:

## For 2 Marks:

Dimension 1 → Dimension 2 → Dimension 1

### For 3 Marks:

Dimension 1 → Dimension 2 → Dimension 3 →  
Dimension 1



**Use this initiative (Men's Shed) to describe the interrelationship between the dimensions of health and wellbeing. (2 Marks)**

**Use this initiative (Men's Shed) to describe the interrelationship between the dimensions of health and wellbeing. (2 Marks)**

The initiative is aimed at encouraging men to socialise with others in their community, through which they can form meaningful relationships and **improve** their **social health and wellbeing**. **This could lead to** men being more willing to attend the classes for woodworking and restoring old furniture, which could then increase their physical fitness and capacity to perform daily tasks, thus **promoting** their **physical health and wellbeing**. **[1]** **Subsequently**, these men can become more physically active, leading them to be more outgoing to social functions due to a stronger self-esteem, through which a strong social network of friends can be formed, thus **promoting social health and wellbeing**. **[1]**

**Use this initiative (Men's Shed) to describe the interrelationship between the dimensions of health and wellbeing. (2 Marks)**

The initiative is aimed at encouraging men to socialise with others in their community, through which they can form meaningful relationships and **improve** their **social health and wellbeing**. **This could lead to** men being more willing to attend the classes for woodworking and restoring old furniture, which could then increase their physical fitness and capacity to perform daily tasks, thus **promoting** their **physical health and wellbeing**. **[1]** **Subsequently**, these men can become more physically active, leading them to be more outgoing to social functions due to a stronger self-esteem, through which a strong social network of friends can be formed, thus **promoting** **social health and wellbeing**. **[1]**

- *2 marks = link between two dimensions in an interrelating manner (e.g., in this case social h+w → physical h+w → social h+w)*
- *link final dimension back to first dimension to complete interrelationship*
- *use linking phrases e.g., “as a result”, “leading to”, “consequently” etc.*

- Health and wellbeing is **dynamic** in that it is only a state of wellbeing which is constantly changing.
- How people perceive their health is influenced by several factors, hence it is **subjective**. Thus, the concept of health and wellbeing can be viewed differently by different people.

- *Age*
- *Fitness*
- *Body weight*
- *Social networks*
- *Income*
- *Occupation*
- *Education*
- *Culture*



**Disease** refers to a **physical** or **mental disturbance** involving dysfunction or tissue damage.

**Disease** = actual **ailment** e.g., a **broken arm**

**Illness** = the **feeling** that comes with disease e.g., the **pain** from the **broken arm**

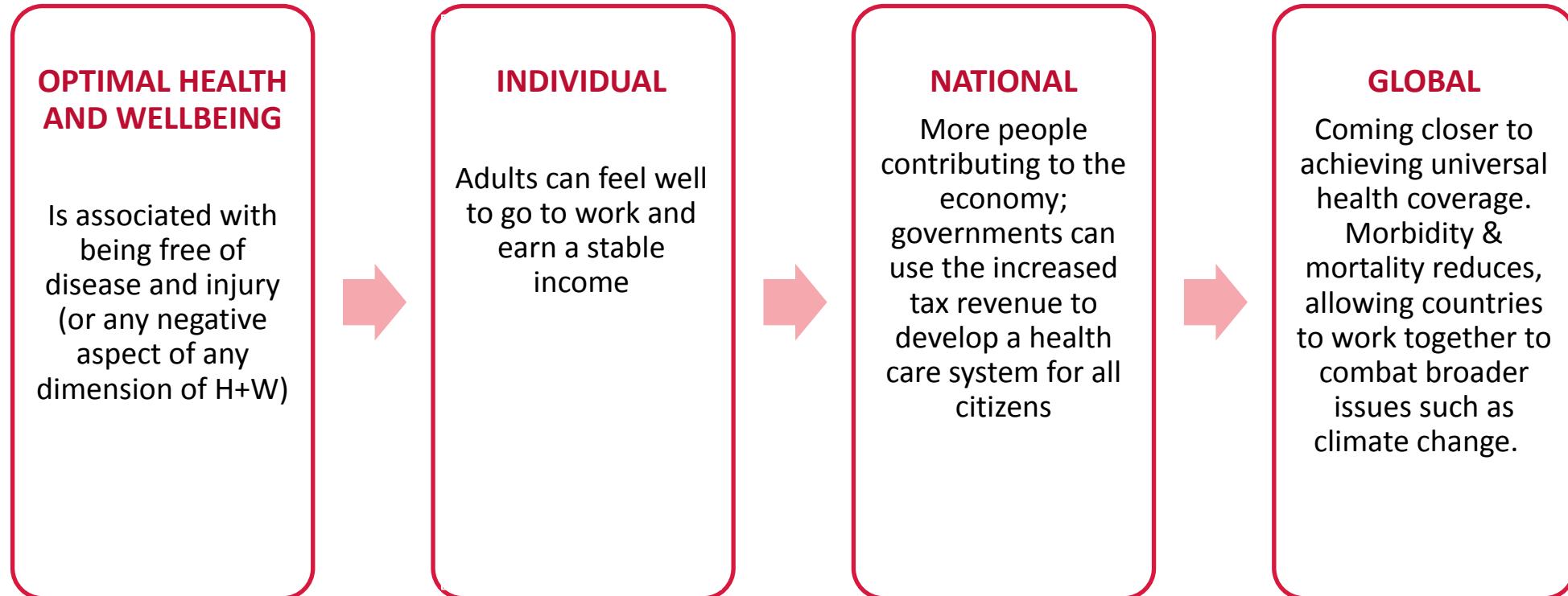
Overall: Illness is the subjective experience of a disease based on factors such as pain threshold, age and past experiences.

## Optimal health and wellbeing as a resource

- Optimal health and wellbeing is a resource that ***can be attained as well be lost.***
- WHO declares that “health is...seen as a resource for everyday life, not the objective of living.”
- *Good examples in the HHD course notes that illustrate this concept*

Individually	Nationally	Globally
<ul style="list-style-type: none"><li>- Education</li><li>- Employment</li><li>- Income</li><li>- Necessities</li><li>- Recreational activities</li><li>- Live independently</li><li>- Lower healthcare costs</li><li>- Increased enjoyment of life</li></ul>	<ul style="list-style-type: none"><li>- Contributions to economy</li><li>- Higher taxation revenue</li><li>- Government improves infrastructure</li><li>- Can create emphasis on health promotion</li><li>- Less burden on public health system</li></ul>	<ul style="list-style-type: none"><li>- Enable universal access to healthcare</li><li>- Reduce rates of communicable and non-communicable disease</li><li>- can increase emphasis on other transnational issues i.e., climate change</li><li>- Increased levels of peace and security</li></ul>

## Bringing it all together



**Australia uses information and statistics like Australia's Health to shape and improve the health of all Australians.**

**It is widely recognised that optimal health and wellbeing is a resource.**

**Describe two benefits of the importance of optimal health and wellbeing for Australia. (4 marks)**

- Optimal health and wellbeing is associated with being free of disease (optimal physical h+w). As a result, more individuals are likely to work productively leading to higher average incomes [1]. Higher average incomes leads to greater taxation revenue for the government, providing the government with a greater opportunity to build more infrastructure, e.g. more hospitals a national benefit of pursuing optimal h+w [1]. Furthermore, optimal health and wellbeing is associated with lower levels of stress (optimal mental h+w) which can lead to public health system savings as the Australian population would be experiencing lower rates of mental health conditions e.g. depression, therefore they are less likely to visit medical professionals for check-ups [1]. As a result, resources in the public healthcare system can be saved for those who need it most such as older people, another national benefit of optimal h+w [1].
  - 4 marks = 2 mark per benefit to national
  - Start your answer by providing an example of “optimal health and wellbeing”
  - Need to use linking phrases e.g. “as a result”, “leading to”, “consequently” etc
  - In HHD always think in a cause and effect manner

# Prerequisites for health

- **Prerequisites** – essential factors that need to be in place first before health can optimally be achieved; all must be achieved before significant health outcomes can be made
- These are determined by the **WHO**
- There are 9 of them:
  - *Peace*
  - *Education*
  - *Shelter*
  - *Food*
  - *Sustainable resources*
  - *Income*
  - *Equity*
  - *Social justice*
  - *Stable ecosystem*
- Link these to improved health outcomes = **PMSES/HS/Global BOD**
- **Detail is key!!**

NOTE: When a question mentions 'promote health outcomes' you can link to H+W dimensions or H/S indicators

REMEMBER A MNEMONIC  
e.g., PESFRIESS or PSEFISSE:  
People Should Eat Food Including  
Some Sustainable Salad  
Everyday

## Prerequisites for health

- **Peace**

- *the absence of conflict*
- Governments can reorient funds required to sustain a war effort —> invest in healthcare, education, trade development, **social security** (Centrelink, meals on wheels etc.)
- Conflict = landmines, child soldiers, abuse of human rights i.e. increased violence, rape/sexual assault, harassment, exclusion, imprisonment
- Infrastructure not damaged from conflict = employment, education, healthcare
- Reduced risk of displacement = reduced refugees

- **Shelter**

- *a structure that provides protection from the outside environment*
- Adequate shelter provides protection and a safe place for people to spend their time and pursue activities
- Safe water + sanitation = preventing **communicable diseases** i.e. measles, malaria, diarrhea

## Prerequisites for health

- **Education**

- Literacy + numeracy —> seek employment, earn an income
- Can afford necessities e.g. nutritious food, water, access to healthcare, water
- **Health literacy** understand health better which means more likely to take control over health i.e., practice safe sex, wash hands, get vaccinated etc.
- Education can break cycle of poverty

stunting: short height for age

wasting: low weight for height

- **Food**

- Food security = nutritiously adequate food all year round
- strengthens functioning of immune system which prevents infectious/communicable diseases e.g., malaria, measles
- Have enough energy to attend school/ work
- Can prevent malnourishment/ **stunting/wasting**

# Prerequisites for health

- **Income**
  - Allow people to afford food, health care, and shelter to ensure a decent standard of living
  - Prevents poor mental health from financial stress
  - Higher individual incomes —> **higher tax revenue** for government to spend on improving public health, education, etc.
- **A stable ecosystem**
  - **Ecosystem** = community that consists of all things living and nonliving of an area
  - Ensures that basic resources needed for survival (e.g., food and water) can be regenerated at the same rate that they are used up (i.e., won't run out and cause starvation, etc.)
  - Provides predictable weather patterns for farmers —> can reduce levels of stress

## Prerequisites for health

- **Sustainable resources**

- Sustainability refers to meeting the needs of the present without compromising the ability of future generations to meet their own needs
- Current resources required for good health and wellbeing e.g., energy production, food, water supply, employment, housing & healthcare are available for future generations
- Sustainable use of fossil fuels as well as responsible use of natural resources.

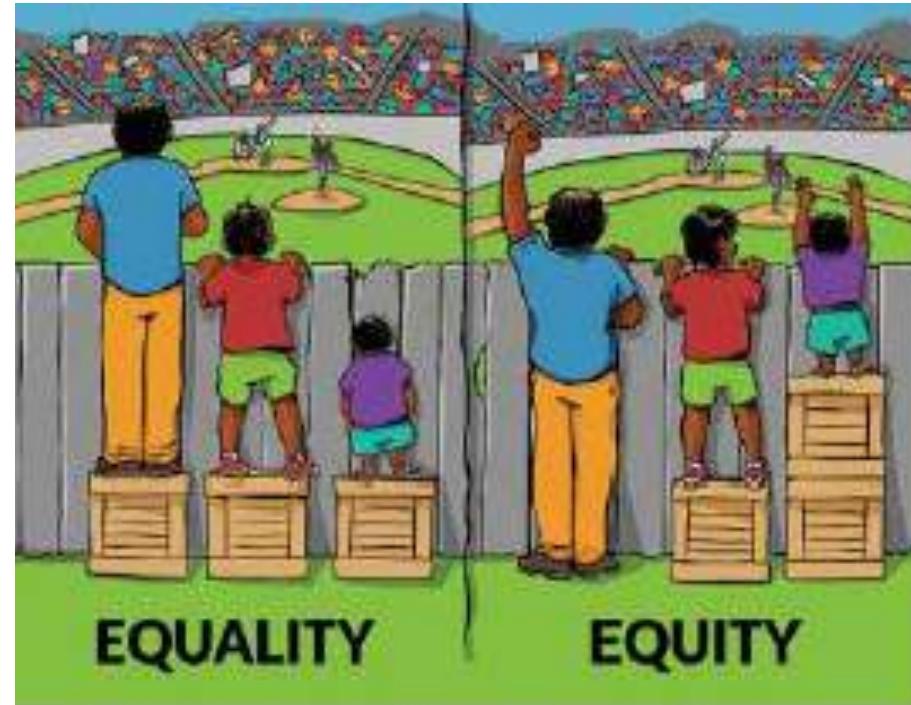
- **Social justice**

- Equal rights and opportunities for all (equality)
- Regardless of sex, class, income, ethnicity, religion, age, sexual orientation, etc.
- e.g., access to essential services such as housing, healthcare and education

## Prerequisites for health

- **Equity**

- Fairness and impartiality within the population
- Providing every person with the resources they need to lead a healthy life
- e.g., minimum levels of income and resources that everyone should have access to
- Ensuring no one is disadvantaged in their ability to accessing such resources
- “Leveling the playing field” by helping the more disadvantaged



## Health status

- Morbidity: ill-health in a population or individual.
- Mortality: number of deaths in a population caused by a particular disease, illness, environmental factor.
- Incidence: number of new cases of a particular condition at a specific time.
- Prevalence: overall number of cases of a particular condition at a specific time.
- **burden of disease** (i.e., DALY): measure of the impact of diseases and injury. It measures the gap between current health status and an ideal situation where everyone lives to old age free of disease/disability. Measured in DALYs
- years of life lost (YLL) + years of life lost to disability (YLD)
- life expectancy: an indication of how long a person can expect to live; it is the number of years of life remaining to a person at a particular age if death rates don't change.
- health adjusted life expectancy (HALE): A measure of BOD based on life expectancy at birth but including an adjustment for time spent in poor health.
- **U5MR, infant & maternal mortality**
- self-assessed health status: a person's perception of their own/the population's health.

**Key point:** when any question asks you about health status you must make links to one these terms!!

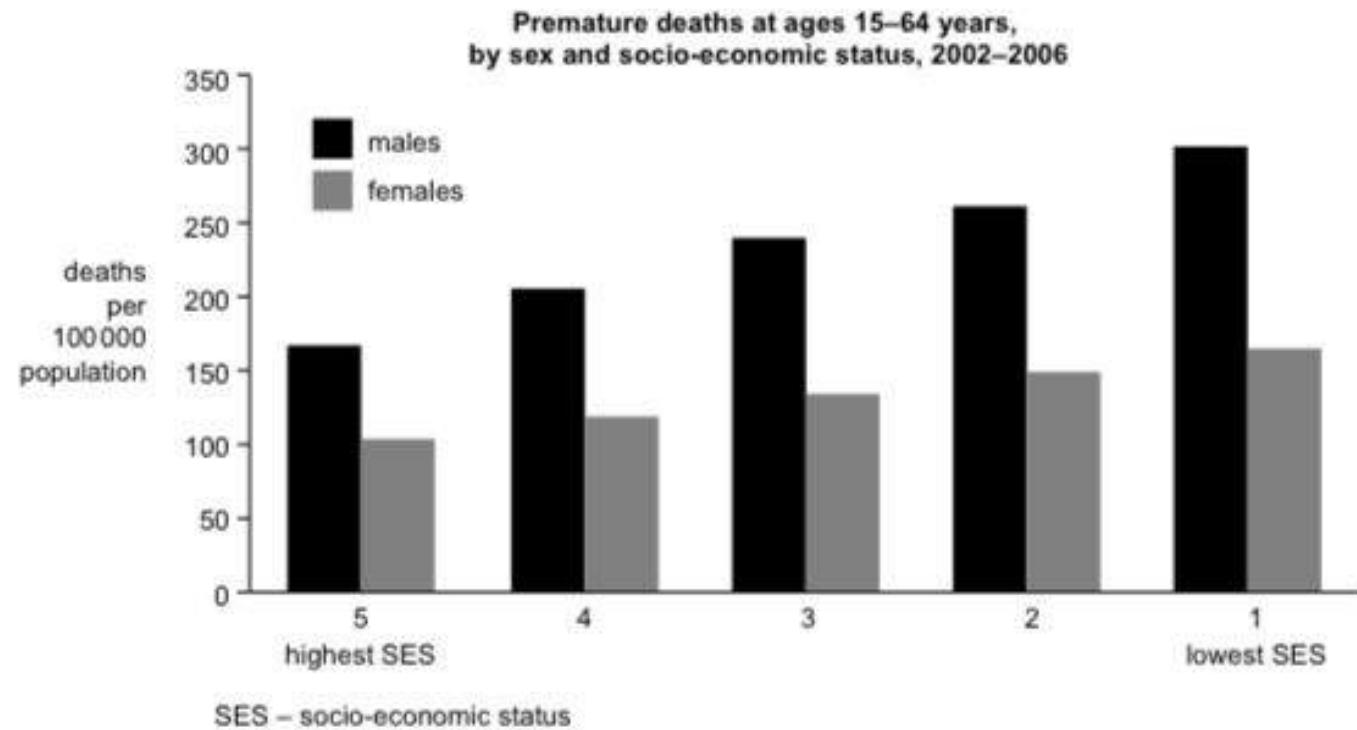
Know **definitions** for these health status 'indicators'

**Key point:** don't forget that U5MR and infant mortality are measured per 1000 live births, whereas maternal mortality is per 100,000 live births

## Five Steps for interpreting graphs

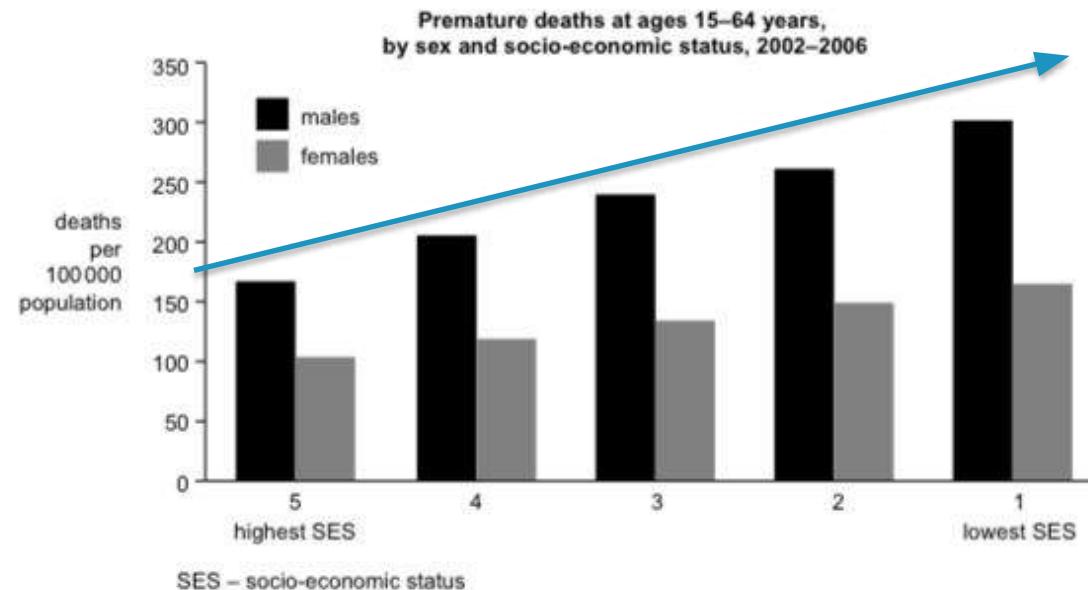
1. Read the **title** of the graph. It may be located at the top of the graph or next to the figure number
2. Read the **horizontal** and **vertical axes** (of a bar graph, for instance) and look at the **units**
3. Look at the **key** if there is one
4. Read any additional **notes** that relate to the data
5. Look for **trends**, similarities and differences between the data

VCAA 2013



Source: Australian Institute of Health and Welfare, *Australia's health 2010*,  
Australia's health series no. 12, cat. no. AUS 122, Canberra, 2010, p. 254

Identify two trends from the graph in  
relation to the proportion of premature  
deaths at ages 15 – 64 years. (2 Marks)



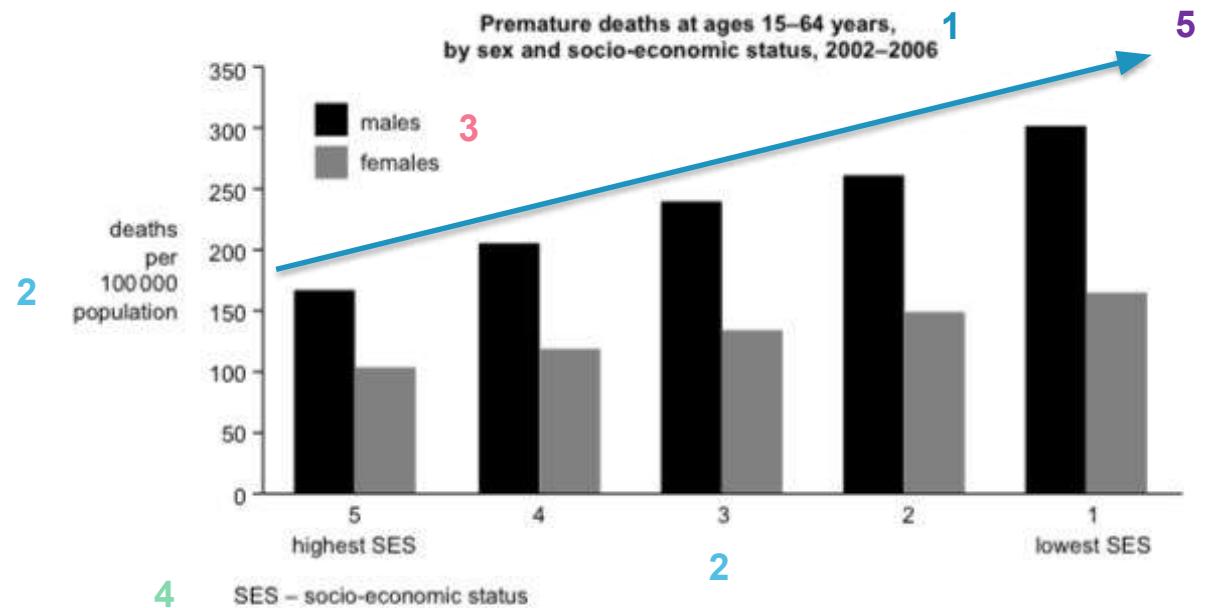
Source: Australian Institute of Health and Welfare, *Australia's health 2010*,  
Australia's health series no. 12, cat. no. AUS 122, Canberra, 2010, p. 254

**Identify two trends from the graph in relation to the proportion of premature deaths at ages 15 – 64 years. (2 Marks)**

The proportion of premature deaths at ages 15-64 years in 2002 - 2006 steadily increases in both sexes from the highest SES to the lowest SES.

The proportion of premature deaths at ages 15-64 years in 2002 - 2006 is consistently higher amongst males than females, from the highest to lowest SES.

# PRACTICE QUESTION



Source: Australian Institute of Health and Welfare, *Australia's health 2010*, Australia's health series no. 12, cat. no. AUS 122, Canberra, 2010, p. 254

Identify two trends from the graph in relation to the proportion of premature deaths at ages 15 – 64 years. (2 Marks)

The proportion of premature deaths at ages 15-64 years in 2002 - 2006 steadily increases in both sexes from the highest SES to the lowest SES.

The proportion of premature deaths at ages 15-64 years in 2002 - 2006 is consistently higher amongst males than females, from the highest to lowest SES.

## **Factors contributing to variations in health status within the following population groups:**

- Males and Females
- Indigenous and Non-Indigenous Australians
- High and Low SES
- Inside and outside major cities i.e. rural and remote

- factors that raise or lower the level of health in an individual or population
- purpose: help to explain or predict trends in population groups and why some groups have better or worse health than others
- **Biological**
- **Sociocultural**
- **Environmental**

**Biological:** relates to the structure of cells, tissues and systems of the body and how adequately they function.

- **Blood pressure** —> high —> blood pumps faster —> CVD
- **Cholesterol** levels —> high —> CVD
- **Body weight** —> high —> obesity —> strain on heart, or pancreas —> CVD or T2D
- **Birth weight** —> low —> poorer immune system —> U5MR
- **Testosterone** —> high —> risk-taking behavior (e.g., drink driving)
- **Oestrogen** —> before menopause: reduced CVD; after menopause, increased osteoporosis
- **Genetic predisposition** —> cancer, obesity, CVD
- **Sex** —> some diseases exclusive to males or females (e.g., breast cancer for females only)

**Sociocultural:** relate to the social and cultural conditions into which people are born, grow, live, work and age.

- **Food security** —> poor nutrition —> CVD, obesity, osteoporosis, diabetes mellitus
- **Poverty** —> mental health, malnutrition
- **Socioeconomic status** —> poor health literacy —> injuries —> lack of income —> low access to healthcare —> poor mental health, CVD
- Level of **social support** —> mental health, injuries
- **(Un)employment** —> CVD, obesity, diabetes mellitus, poor mental health
- **Cultural traditions** —> injuries, STIs, obesity, lack of access to healthcare
- **Attitudes/beliefs** (“macho male”) —> whole range of conditions
- **Early life experiences** —> emotional and behavioral problems if neglected  
—> poorer mental health

**Environmental:** factors relating to physical surroundings in which we live, work, and play, and how these impact our health

- **Overcrowding** —> communicable diseases, injuries
- **Physical access to healthcare** —> whole range of conditions
- **Water quality** —> whole range of conditions
- **Air quality** —> respiratory conditions
- Level of **sanitation** —> whole range of conditions
- **Hazard exposure** —> injuries
- **Road condition** —> injuries
- **Climate** and climate change —> excessive UV exposure —> increased risk of skin cancer
- **Geographical access to healthy food** —> whole range of conditions

## Variations in Health Status

**In 2015, male's life expectancy is 80.3 years, lower than 84.4 years for females.**

**Males have higher rates of burden of disease than females.**

**Males have higher rates of premature death than females (62%)**

**Males have higher rates of injury, suicide and road trauma compared to females.**

**Males have higher rates of chronic conditions including CVD, kidney disease, diabetes, cancers and chronic obstructive pulmonary disease (COPD).**

## Factors that contribute to variations in health status

Genetics (Sex) → males store more fat around their abdomen increasing the strain on major organs increasing the risk of CVD. Females tend to store their body fat near their hips and thighs.

Females also have a high level of oestrogen which acts as a protective factor against cardiovascular disease during menopause.

Genetics (Hormones) → Males also have high levels of testosterone increasing levels of risk-taking behaviours and likelihood of injuries.

Access to healthcare → males perceived stereotypically as 'macho-man image', less likely to access health care as they may see it as a sign of weakness. This increases the risk of chronic conditions due to not seeking early intervention.

Unemployment → when unemployed, males often tend to feel more pressure than females increasing levels of mental health issues such as depression. Unemployed males have higher morbidity levels than unemployed females.

Work environment → males are more likely to work in outside occupations increasing the risk of skin cancer compared to females. Males are also more likely to work in transport and spend prolonged periods of time on Australia's road, increasing the risk of road trauma.

Variations in Health Status	Factors that contribute to variations in health status
<b>Indigenous males have a 10.6-year lower life expectancy than non-Indigenous males.</b> <b>Indigenous females have a 9.5-year lower life expectancy than Indigenous females.</b>	Birth weight - Indigenous Australians twice more likely to give birth to low birth weight baby increasing risk of chronic conditions later in life. (11.2% low birth weight in Indigenous births compared to 4.6% in non-Indigenous births.)
<b>Indigenous Australians are 3.5 times more likely to die from diabetes and 4 times more likely to be hospitalised from diabetes.</b>	Socioeconomic status – Indigenous Australians have lower levels of educational attainment, lower incomes and higher levels of unemployment. They are also less likely to take notice of health promotion information and more likely to engage in behaviours like smoking, poor diet and physical inactivity.
<b>Indigenous Australians are twice as likely to die from injury and 1.9 times more likely to hospitalised from injury.</b> <b>Indigenous Australians are 5 times more likely to have kidney disease and 2 times as likely to have CVD.</b>	Access to healthcare (sociocultural) - Indigenous Australians are less likely to access health care as they face cultural barriers in receiving westernised health care. There is less traditional Indigenous doctors or health centres available.
	Housing - Indigenous individuals are more likely to live in overcrowded housing conditions, placing strain on facilities such as bathroom and kitchen, increasing the risk of unhygienic living conditions and spread of disease.
	Infrastructure - Indigenous Australians are more likely to live in rural and remote areas where roads are often of poorer quality. Combined with greater speeds, they have an increased risk of injury from accidents than non-Indigenous Australians.

Variations in Health Status	Factors that contribute to variations in health status
<b>Those from a low SES have a life expectancy of approximately 2.6 years lower than those of high SES.</b>	Birth weight - people from a low SES are 1.3 times more likely to give birth to a low birthweight baby, compared to high SES, which increases the risk of chronic conditions such as asthma later in life.
<b>Rates of preventable deaths is 1.8 times higher in low SES compared to high SES.</b>	Access to healthcare - low SES is less likely to access health care as they may not understand the need of early intervention and diagnosis. This increases the risk of morbidity and mortality.
<b>Those from low SES have 1.3 times higher mortality rates than people from high SES.</b>	Food security (sociocultural) - due to an inability to afford nutritious foods, those from low SES suffer from food insecurity increasing the risk of consuming cheaper, energy dense, thus increasing the risk of overweight and obesity.
<b>Those from a low SES have higher infant mortality rates than high SES. (1.3 times)</b>	Social exclusion - low SES population groups are more likely to experience social exclusion compared to high SES groups as they may feel disconnected with society increasing levels of mental health conditions.
<b>Those from a low SES have higher rates of chronic conditions.</b>	Housing - low SES are more likely to live in inadequate, unsafe or overcrowded housing conditions compared to high SES. This may mean that there is a lack of sufficient cooking facilities or ventilation and increases the risk of unhygienic living conditions, thus increasing the risk of infections, injury and mental health conditions.

Variations in Health Status	Factors that contribute to variations in health status
<p><b>Life expectancy</b> is between 1-7 years lower depending on level of remoteness.</p> <p>Those living in rural and remote areas have a 1.4 times higher mortality rate than people in major cities as well as higher incidences of cancers such as melanoma, prostate, cervical (preventable cancers).</p> <p>Higher burden of disease from both fatal and non-fatal causes.</p> <p>Higher death rates from CVD, including coronary heart disease.</p> <p>Higher rates of diabetes, arthritis and suicide.</p> <p>Higher rates of injury, including a mortality rate 4 times higher than those in major for road transport accidents.</p>	<p>Birth weight - those living outside major cities are more likely to give birth to low birth weight babies increasing the risk of developing chronic conditions later in life.</p> <p>Social isolation - individuals living outside major cities are more likely to suffer from social isolation due to geographical distance between family, friends and community. This can lead to an increased risk of stress and loneliness increasing the risk of mental illness such as depression.</p> <p>Work Environment - people in rural and remote locations often experience outdoor work environments such as farming, mining and trades and are often exposed to more hazardous work and heavy machinery which increase the rate of injuries compared to those in the city where office work is more common.</p> <p>Geographical location of resources - rural and remote areas have lower access to health care and people may be forced to travel long distances to seek medical support. Thus, illness may go undiagnosed increasing rates of mortality from preventable cancers compared to those living in the city who often seek early intervention due to easier access.</p> <p>Infrastructure - outside Australia's major cities, roads are typically of a poorer quality which can increase the risk of road accidents and injuries. Water quality in rural areas are also not of the same standard as water available in the city, increasing dental health issues.</p>

## Questions tend to be quite formulaic:

“Identify and explain how one \_\_\_\_\_ factor of health that may contribute to the differences in health status of [Group A] and [Group B].”

Step 1: Identify (factor + example)

Step 2: Compare the population groups

Step 3: Explain the example and discuss if it is a *risk factor* or *protective factor* for certain conditions

Step 4: Link to *health status variations between population groups*

**Elaborate as necessary according to marking scheme.**

Select one factor of health and explain how it might contribute to variations in **health status** between those living in rural areas and those living in major cities. (3 Marks)

Note: H/S Indicator (e.g., LE)

## Environmental: Work Environment

Those in rural and remote areas are more likely to work laborious jobs such as mining or construction. Due to spending prolonged periods of times outdoors, those in rural areas have higher levels of UV exposure than those in major cities. This is a major risk factor for skin cancers such as melanoma, which can ultimately cause death. This contributes to a lower life expectancy amongst rural and remote populations compared to major cities.

**Select one factor of health and explain how it might contribute to variations in **health status** between those living in rural areas and those living in major cities. (3 Marks)**

Environmental: Work Environment —> **identify: example**

Those in rural and remote areas are more likely to work laborious jobs such as mining or construction. Due to spending prolonged periods of times outdoors, those in rural areas have higher levels of UV exposure than those in major cities —> **compare [1]** This is a major risk factor for skin cancers such as melanoma, which can ultimately cause death —> **explain [1]** This contributes to a higher mortality rate and thus lower life expectancy amongst rural and remote populations compared to major cities —> **link to HS variation [1]**

- *In first link, state which group is impacted by the factor to a greater extent (this is the basis of the response)*
- *Ultimately link to a health status indicator*

- Smoking
- Alcohol
- High BMI
- Dietary Risks
  - under-consumption of vegetables and fruits
  - under-consumption of dairy foods
  - high intake of fat
  - high intake salt and sugar
  - low intake of fibre
  - low intake of iron

## How smoking leads to...



- **Cardiovascular disease:** smoking increases blood pressure, chemicals cause atherosclerosis (build-up of plaque on blood vessel walls) —> inhibit blood flow —> increased risk of heart attack and stroke
- **Cancers:** toxins in smoke can damage DNA, particularly the genes that protect us from cancer —> cause abnormal mutation of cells —> tumour and potentially cancer e.g. lung cancer
- **Respiratory conditions:** respiratory tract has a set of mechanisms to protect the lungs from injury. The mass of chemicals overwhelms the respiratory system —> damages airways —> reduced airflow into the lungs chronic obstructive pulmonary disease (COPD)
- **Low birth weight:** mothers who smoke during pregnancy increase risk of child being born with low birth weight (foetus receives toxins from tobacco through placenta rather than nutrients) —> higher risk of premature death
- **Communicable diseases:** smoking lowers immune system function —> increases prevalence of infectious diseases such as pneumonia



## How alcohol leads to...

- **Liver diseases:** alcohol is filtered through the liver; excessive consumption can scar liver tissue inhibits its functioning —> cirrhosis of the liver
- **Child defects:** consuming alcohol while pregnant —> increased risk of foetal alcohol spectrum disorder (FASD) —> low birth weight and premature death
- **Cardiovascular disease:** alcohol leads to weight gain through excess calories in consumption —> lead to obesity —> excessive body weight is a risk factor for CVD, type 2 diabetes and other cardiovascular disease due to greater strain on major organs
- **Injuries:** alcohol intake lowers inhibitions —> greater risk-taking behaviour such as drink driving —> higher risk of injury

## How a high BMI leads to...

- **Cardiovascular disease:** greater strain on the heart → increases hypertension, atherosclerosis → heart attack and stroke
- **Cancers:** fat cells inhibit normal cell growth and those overweight or obese have chronic low-level inflammation → cause DNA damage → cancer
- **Type 2 diabetes:** high BMI decreases the ability of cells to metabolise glucose → causes insulin resistance/impaired glucose regulation → type 2 diabetes
- **Arthritis:** high BMI places pressure on joints → increase arthritis, a disease characterized by painful inflammation and stiffness on the joints
- **Mental health conditions:** a high BMI increases risk of mental health conditions such as anxiety and depression, especially amongst children

NOTE: Formula =  $\frac{\text{Weight in kg}}{\text{Height in m}^2}$

Lebron's BMI =  $113/(2.06^2)$

= 26.63

= Overweight (???)



## Under-consumption of essential micronutrients in:

- **Vegetables:**

- Rich source of **fibre** —> promotes fullness —> reduces weight gain as energy dense processed foods won't be consumed
- Source of **antioxidants** —> remove free radicals from the body —> decreases the risk of CVD and cancers such as gastrointestinal and colorectal
- High in **nutrients** such as vitamin C —> promote immune system function —> reduced risk of infectious diseases such as influenza

- **Fruits:**

- Rich source of **fibre** —> promotes fullness —> reduces weight gain as energy dense processed foods won't be consumed
- Source of **antioxidants** —> remove free radicals from the body —> decreases the risk of CVD and cancers such as gastrointestinal and colorectal
- Source of **nutrients** —> during pregnancy nutrients passed through placenta to foetus —> reduced risk of neural tube defects —> reduced infant mortality

## Under-consumption of essential micronutrients in:

- **Dairy:**

- e.g. milk, yoghurt, cheese
- Rich source of **calcium** – required for ossifying hard tissue
- Source of calcium → peak bone density → less likely to have porous bones → reduced likelihood of injury or osteoporosis (later in life)
- Dairy strengthens teeth and reduces the risk of dental caries

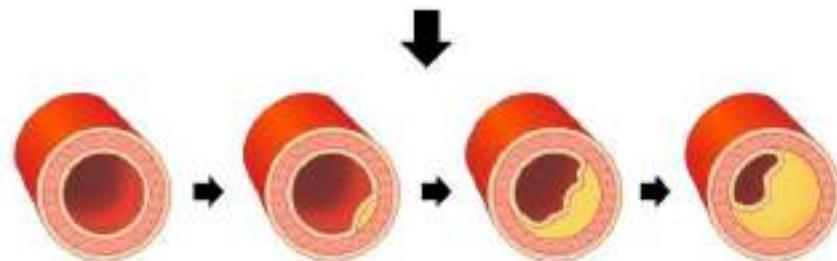
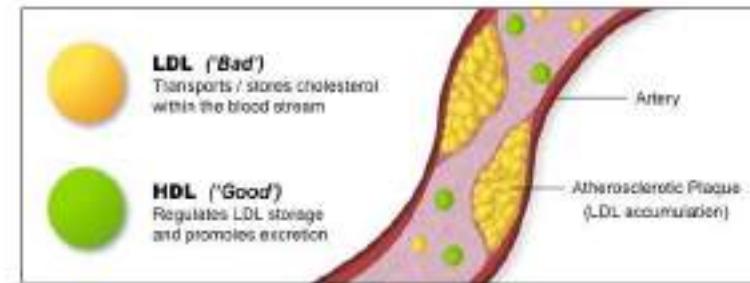


## Lipoproteins

Lipoproteins transport fat around the body

### LDL – Low-density lipoproteins

- Ineffective cholesterol carriers
- Tend to deposit it on the artery walls
- Want in low amounts
- Found in Trans- and Saturated fats
- “Bad” cholesterol



### HDL – High-density lipoproteins

- Prevents or reverses build up of plaque in artery walls
- Delivers cholesterol to the liver where it is disposed of
- Want in high (yet moderate) amounts
- Found in Mono- and Polyunsaturated fats
- “Good” cholesterol

## High intake of fats, salt and sugar

- **Fats:**

- Diets high in saturated and trans fats increase the risk of CVD, obesity, cancers.
- Too much LDL **cholesterol** in the blood —> deposited on arterial and blood vessel walls —> hardening and narrowing of arteries through build up of plaque —> can lead to **atherosclerosis**
- Fats are **energy dense** and if not consumed is stored as adipose fat tissue in the body —> can lead to weight gain over time —> place strain on the heart —> increase the risk of **coronary heart disease**

# High intake of fats, salt and sugar

- **Salt:**

- Food sources: olives, cured meats
- Sodium is required to regulate fluids (blood, water) in the body
- Fluid is drawn to sodium, so amount of sodium influences amount of fluid in and out of the cell (in bloodstream)

- **Consequences of excess sodium**

- High levels of sodium in the body **draws excess fluid out of cells** —> increases blood volume and thus contributes to hypertension of the heart
- Excess sodium causes **calcium** to be **excreted** through the urine —> leads to demineralisation of bones —> over time contributes to osteoporosis

# High intake of fats, salt and sugar

- **Sugar:**

- Food sources: lollies, soft drinks, fruits (natural sugars)
- Sugar = high GI/simple carbohydrates
- Quick to break down, quick release of energy, feel hungry quicker

## Consequences of excess sugar in the diet include:

- Sugar, whilst a fuel for energy production, if consumed in excess, is **stored as adipose fat tissue** —> over time can lead to weight gain and a high BMI (a risk factor for other diseases)
- Sugars provide a **food source for bacteria** in the mouth —> can contribute to dental decay and the development of dental carries such as periodontitis
- Sugars **raise blood glucose levels** which if not managed can lead to an impaired glucose regulation, the precursor for type 2 diabetes

## Low intake of fibre and iron

- **Fibre:**

- Type of carbohydrate
- Regulate functioning of digestive system (soluble fibre attaches to particles of LDL cholesterol to excrete them) —> decreased levels of LDL cholesterol in body —> reduces risk of cardiovascular disease
- Absorbs water to add **bulk to faeces** —> reduces risk of a cancerous tumour forming —> reduces prevalence of colorectal cancer
- **Fibre promotes fullness** —> remember back to fruits and vegetables (reduced risk of over-consuming energy dense foods) —> preventing weight gain that can lead to obesity

- **Iron:**

- Produce haemoglobin in RBC's, responsible for transporting oxygen around body for energy
- **Low intake:** diet-related deficiency diseases (e.g., anaemia – associated with fatigue, paleness, breathlessness)

**VCAA 2015**

**Outline how excessive sodium consumption can have an impact on health status. (2 Marks.)**

**VCAA 2015**

**Outline how excessive sodium consumption can have an impact on health status. (2 Marks.)**

Excessive sodium in the body draws water into the bloodstream. This increases blood volume **[1]** and can lead to hypertension due to a greater strain on the heart, which is a risk factor for a stroke or heart attack, increasing mortality rates and thus decreasing life expectancy. **[1]**

## VCAA 2015

**Outline how excessive sodium consumption can have an impact on health status. (2 Marks.)**

Excessive sodium in the body draws water into the bloodstream. This increases blood volume **[1]** and can lead to hypertension due to a greater strain on the heart, which is a risk factor for a stroke or heart attack, increasing mortality rates and thus decreasing life expectancy. **[1]**

**EXPERT TIP:**  
Where possible, always try to write in a cause and effect format

- *1 mark for function of sodium (when in excess)*
- *1 mark for link to HS*
- *link to a condition even when not specifically asked*

# Area of Study 2

## Promoting health and wellbeing

## Unit 3 AOS2

- Reasons for improvement in Australia's HS
  - Old public health
  - Biomedical model of health
  - New Public Health: SMH, Ottawa Charter
  - relationship between biomedical and SMH
- Australia's health system
- Health promotion for Smoking/Road Safety/ Skin Cancer
- Initiatives for improving Indigenous Health and Wellbeing in Australia (r/ship with Ottawa)
- Initiatives to promote healthy eating in Australia

## Old Public Health

- Related to government actions that focused on changing the physical environment to prevent spread of disease
- Focus on **communicable diseases**
  - *Providing safe water*
  - *Sanitation and sewage disposal*
  - *Improved nutrition*
  - *Improved housing conditions*
  - *Better work conditions*

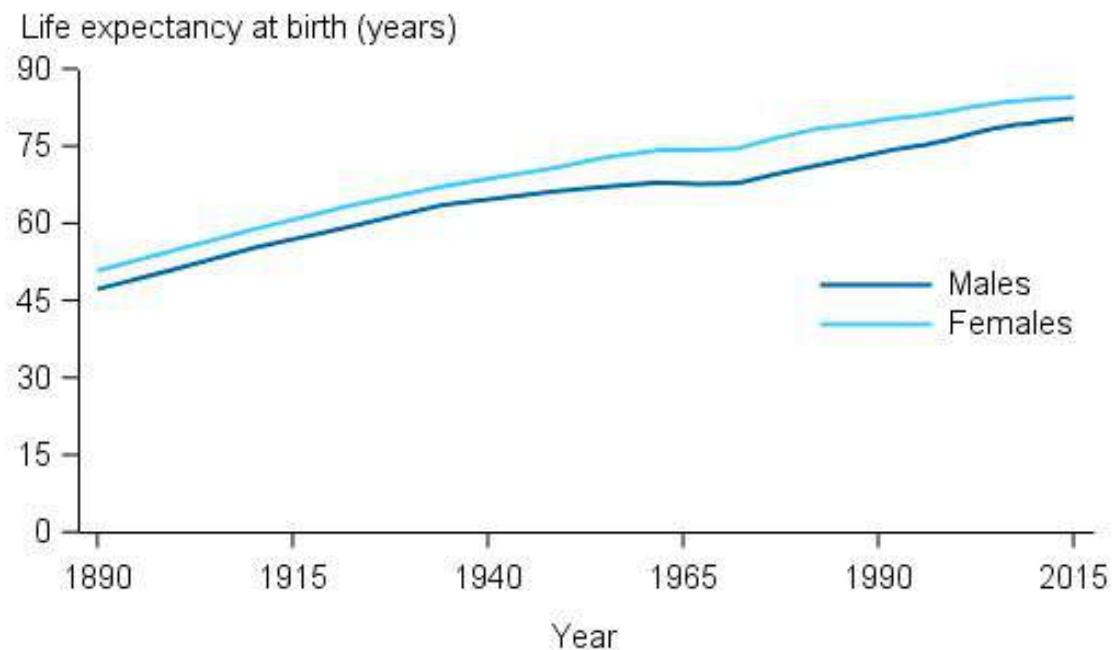
contagious diseases

## New Public Health

- Approach to health that expands traditional focus on individual behaviour, to one that considers the way in which physical, sociocultural and political environments impact health
- Focus on **non-communicable/lifestyle diseases**
- Has an overarching focus on health promotion

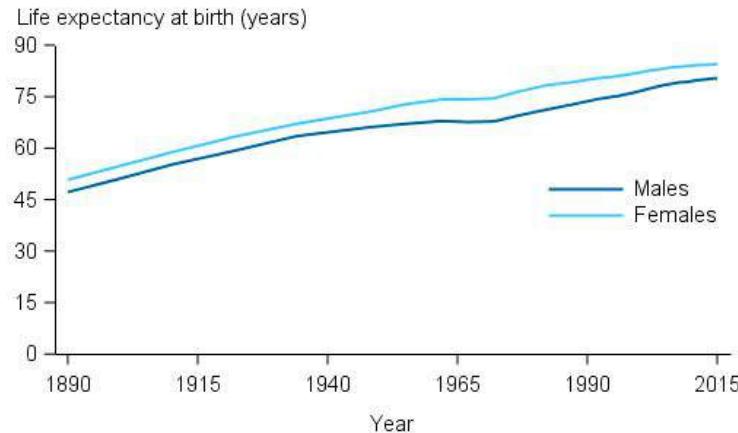
Diseases linked with the way people live their life

Figure 1: Life expectancy (years) at birth by sex, 1881-1890 to 2013-2015



Since the 1900s, the life expectancy for Australians has increased by over 30 years. Using data, outline how the new approach to public health may have accounted for this. (2 Marks)

Figure 1: Life expectancy (years) at birth by sex, 1881–1890 to 2013–2015



**Since the 1900s, the life expectancy for Australians has increased by over 30 years. Using data, outline how the new approach to public health may have accounted for this. (2 Marks)**

Life expectancy in Australia has increased from approximately 45 years and 47 years in 1890, to 75 years and 85 years in 2015, for males and females respectively. [1] New public health involved advocating the importance of physical activity and less sedentary behaviour which promotes the adequate functioning of the bodies major organs including the heart, thus reducing the risk of cardiovascular disease, contributing to life expectancy in Australia increasing for both sexes over time. [1]

## Biomedical Model of Health

- Focuses on the **physical and biological** aspects of disease and illness
- Medical model of care practiced by doctors and health professionals
- Associated with **diagnosis, cure and treatment** of disease

## Social Model of Health

- improvements to health and wellbeing are achieved through directing efforts to social, economic, and environmental (**SEE**) determinants of health —> thus, **HEALTH PROMOTION**
- For **health status to improve**, SEE determinants must be addressed
- Targeted on a population basis (moreso to those most vulnerable/at risk)
- NOTE: The SMOH is the same as **NEW PUBLIC HEALTH**

Biomedical Model of Health	
Strengths	Limitations
Significant advancements in medical technology	Does not promote good health practices
LE extended and quality of life improved	Not all conditions such as HIV can be cured and treated

Social Model of Health	
Strengths	Limitations
Typically cost effective	Health promotion messages can be ignored
Can be targeted at vulnerable population groups	Not all conditions can be prevented (e.g., those that are genetic)

## Biomedical



VS

## Social



### Biomedical model of health

'band-aid' or 'quick-fix' approach  
i.e., focuses on **physical and biological** aspects of diseases

involves **diagnosing** and **treating** diseases once symptoms are already present

centres around doctors, health professionals, hospitals, health clinics

focus:

- the **individual** and the attempt to return them to pre-illness levels
- the disease itself

#### Examples:

- Chemotherapy
- Medication (make it specific to condition) i.e., blood thinning medication for hypertension

### Social model of health

addresses the broader influences  
i.e., **social, environmental** and **economic** aspects affecting health

five **principles** of the social model  
**AREAS**

centres around the community, policies, education and health promotion

focus:

- the **community** to **prevent** ill health
- influences and causes for ill health

#### Examples:

- Any health promotion program
- Pick the Tick
- SunSmart
- BreastScreen

The biomedical, and social models of health must be used in collaboration to address the main causes of mortality

## Cardiovascular disease

### *Social MOH*

- Education regarding healthy eating in schools.
- Investment in environment to encourage physical activity.

### *Biomedical MOH*

- Prescribe blood pressure medication to treat hypertension.
- Bypass surgery to treat heart attack and blockage. Surgery to treat heart attack and blockage.

## Lung Cancer

### *Social MOH*

- Banning smoking in public places to address the broader determinants of health.

### *Biomedical MOH*

- Development of treatments to treat lung cancer such as chemotherapy or radiation.
- GP consultations to diagnose and treat lung cancer.

## Type 2 diabetes

### *Social MOH*

- Including insulin on the PBS to remove cost as a barrier to accessing insulin and therefore reducing social inequities.

### *Biomedical MOH*

- Development of personal blood glucose meters.
- Development of insulin injections or tablets.

## Infectious diseases

### *Social MOH*

- The federal government's 'no jab no pay' policy introduced from 1st January 2016.
- The Australian Childhood Immunisation Register to address the broader determinants of health by keeping records and sending reminders of childhood immunisations.

### *Biomedical MOH*

- Development of new vaccines such as the varicella chicken pox vaccine.
- Development of new treatments to treat infectious disease such as antibiotics.

## VCAA 2016

**Explain how both the biomedical and the social models of health could be used to reduce the burden of disease associated with cardiovascular disease. (4 Marks)**

NOTE: For 4 marks, two links to Burden of Disease needs to be made. The highest scoring students will link once to reducing YLL (years of life lost due to premature death) and once to YLD (years of life lost due to disability)

*Have a go in your spare time  
Sample answer on next slide*

**Explain how both the biomedical and the social models of health could be used to reduce the burden of disease associated with cardiovascular disease. (4 Marks)**

The biomedical model focuses on the physical and biological aspects of disease, and involves diagnosing and treating such diseases. [1] This could involve prescribing a patient who suffers from hypertension with **blood thinning medication such as aspirin**, which reduces the risk of stroke, and thus reduces **premature deaths (YLL)** and therefore reduces burden of disease (BOD) due to cardiovascular disease (CVD). [1]

The social model of health is a conceptual framework which addresses the social, economic and environmental determinants. [1] This involves **health promotion** programs such as the Heart Foundation's 'Pick the Tick', which encourages consumers to purchase foods low in saturated and trans fats. This reduces the risk of atherosclerosis, and thus reduces the **non-fatal component** of BOD (YLD) associated with CVD. [1]

## The social model of health

### The five principles = AREAS

Addresses the broader determinants of health

Acts to **reduce social inequities**

Empowers individuals and communities

Acts to enable access to health care

Involves **intersectoral** collaboration

**Note:** a common mistake is confusing “intersectoral” with “intersectorial” and “inequities” with “inequalities”

Principle	Explanation
<b><u>ADDRESSES</u> the broader determinants of health</b>	All social, environmental and economic factors impact on health. Factors include gender, income and culture.
<b><u>ACTS</u> to reduce social inequities</b>	Reducing the inequities that exist in relation to the health status and provision of health services due to factors such as gender, age, race, SES, location and physical environment.
<b><u>EMPOWERS</u> individuals and the community</b>	Involves providing knowledge, understanding, and information to empower individuals to participate in decision making about their health – education is a key component.
<b><u>ACTS</u> to enable access to healthcare</b>	Involves providing health services and promotion that is affordable, accessible, and relevant to people's needs in a culturally appropriate manner.
<b><u>INVOLVES</u> inter-sectoral collaboration</b>	The public and private sector working together in coordinated action to improve health outcomes of all.

## VCAA 2015

*A new campaign aimed at Victoria's Youth hopes to change the drinking culture. The No Excuse Needed campaign aims to empower young Victorians to say no to an alcoholic drink if they don't want to keep drinking without having to justify the decision by using an excuse.*

*A joint project by VicHealth and the Victorian government, the campaign includes a series of television commercials that challenge the social norm of feeling obligated to drink, with billboards and buses the next target advertising the campaign.*

*VicHealth chief executive offer Jerril Rechter said it was hoped the project would gradually improve the drinking culture among people aged 16 to 29 by challenging the perception about harmful drinking behaviour...*

*[Ms Rechter said] '...61 per cent of people aged 16 to 29 don't go out to get drunk, they go out to have fun but somehow peer pressure kicks in and they find themselves in a situation they don't want to be in.'*

**Identify and describe two principles of the social model of health and explain how they are reflected in this project. (6 marks)**

**Identify and describe two principles of the social model of health and explain how it is reflected in this project. (6 marks)**

1. Identify the principle
2. Explain the principle
3. Link principle to case study

ALWAYS start by identifying the principal – immediately gets you 1 mark

1. **Involves intersectoral collaboration:** the program involves several organisations working together to improve health outcomes through VicHealth and the Victorian government working in conjunction with each other to address peer pressure that young people may feel with respect to drinking culture.
1. **Empowers individuals and the community:** the program seeks to provide young people with the knowledge and awareness required to better improve their health. This is through exposing them to television commercials aimed at challenging the "social norm of feeling obligated to drink".

Quoting shows you have a really good understanding of the case study.

## The Ottawa Charter for health promotion

- Approach to health developed by WHO and its member states
- Aims to reduce inequalities in health
- Developed from the [social model of health](#)
- Defines [health promotion](#) as “*the process of enabling people to increase control over, and to improve their health*”

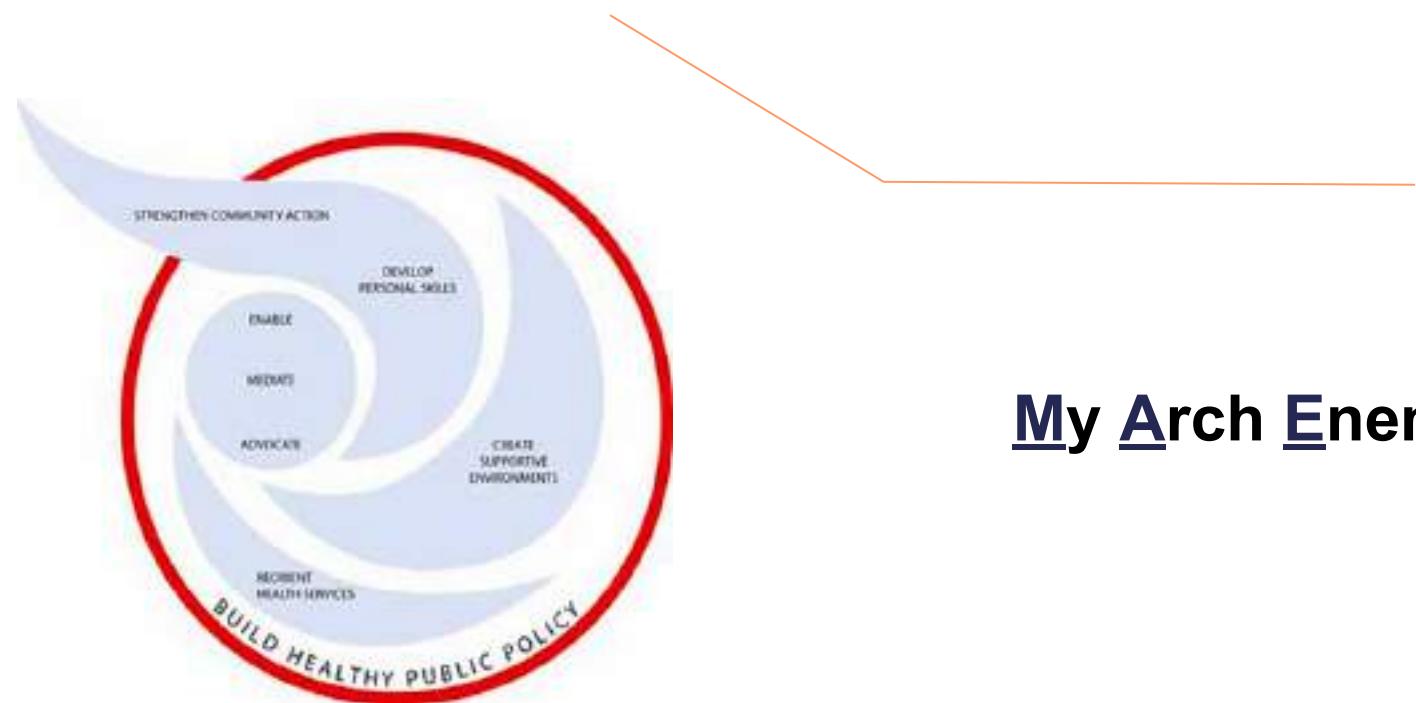


**Note:** commonly confused with SMH.

What are its **3 strategies**?  
What are its **5 priorities**?

## Strategies for health promotion (3)

- **Mediate**: more than just the health sector working to improve health
- **Advocate**: supporting and lobbying governments
- **Enable**: equal access and education to make positive health choices



**Tip: for 'enable' think equity**

## My Arch Enemy

## Action areas

# Bad Cats Smell Dead Rats

**B**uild healthy public policy

**C**reate supportive environments

**S**trengthen community action

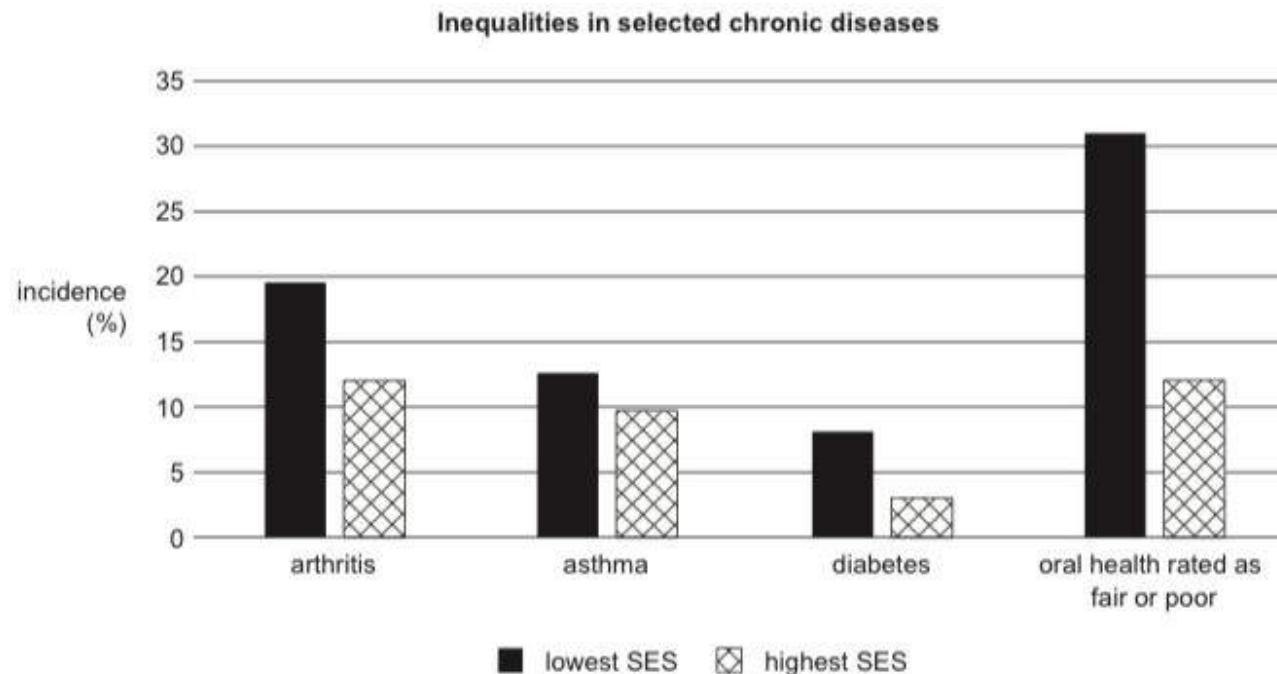
**D**evelop personal skills

**R**eorient health services

Action Area	Explanation
<b>Build Healthy Public Policy</b>	Relates to the decisions that are made by governments and organisations in relation to legislation, rules and regulations.
<b>Create Supportive Environment</b>	Change physical environment to encourage/promote health behaviours. Involves building links between individuals and environments. e.g., ensuring children's playgrounds are free from hazards.
<b>Strengthen Community Action</b>	Bringing everyone together and empowering communities to set health priorities and implement strategies to improve health and work towards common health goals.
<b>Develop Personal Skills</b>	Education  Better position to make choices/decisions about their health
<b>Reorient Health Services</b>	Medical professionals typically associated with cure and treatment advocating health promotion  Doctors take the role of educator (e.g., a doctor discussing the benefits of stopping smoking with a patient who presently has asthma)

## VCAA 2017

The following graph shows the incidence of selected chronic diseases by socio-economic status (SES) in Australia 2014 – 2015.



Select one chronic disease from the graph. Explain how two action areas of the Ottawa Charter for Health Promotion could be used to address this chronic disease. (4 Marks).

Select one chronic disease from the graph. Identify and describe two action areas of the Ottawa Charter for Health Promotion and explain how they are reflected in this project. (4 marks)

1. Name the priority area
2. Explain the priority area
3. Link principle to chronic disease

**Chronic Disease:** Diabetes

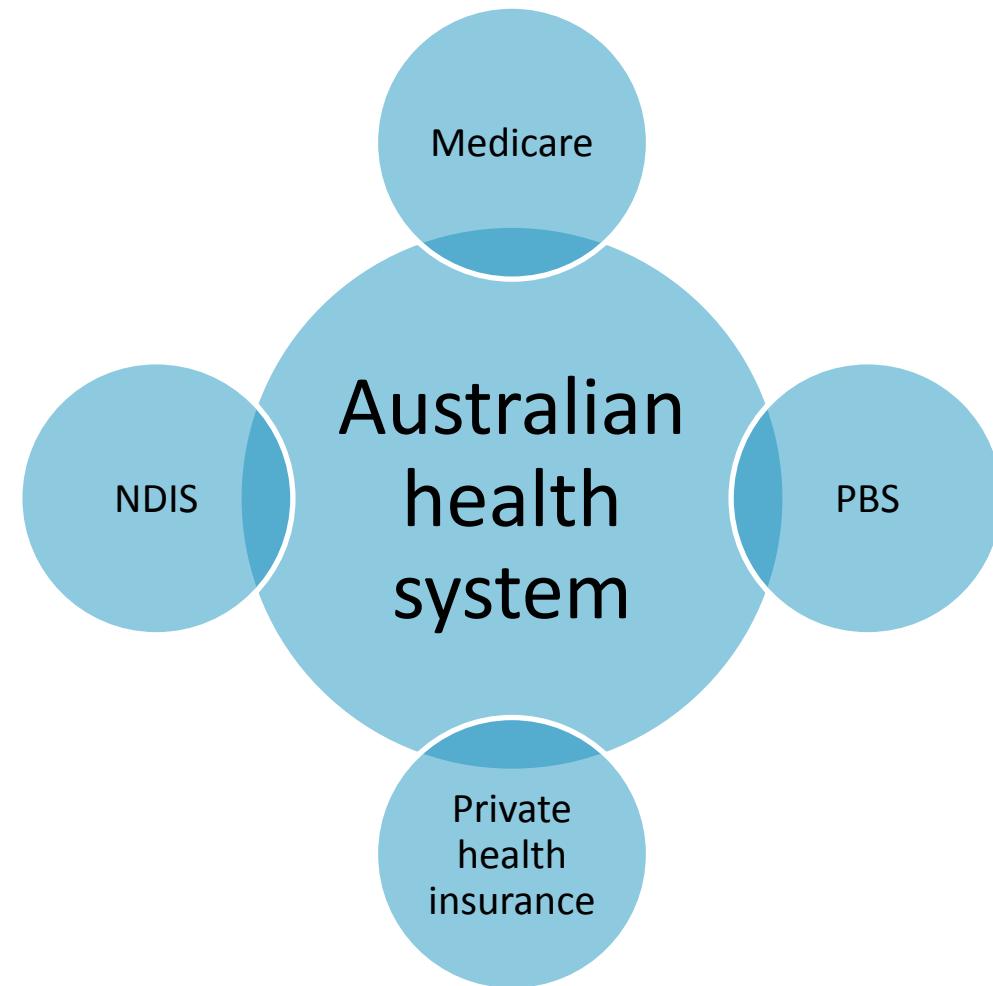
**Action Area 1: Build Healthy Public Policy**

This action area involves placing health on the agenda of all policy makers rather than simply the health sector. [1] To address type 2 diabetes, school canteens could stop selling energy dense or processed foods such as meat pies, and instead only sell nutrient dense foods which prevent obesity, thus placing less strain on the pancreas, reducing the risk of type 2 diabetes. [1]

**Action Area 2: Develop Personal Skills**

This action area involves educating individuals in order to place them in a better position when making choices on their health. [1] To address type 2 diabetes schools could emphasise the importance of physical exercise everyday, which can help to burn excess kilojoules and reduce the risk of obesity, and thus, type 2 diabetes. [1]

**Note:** When discussing nutrition and diabetes, you must link it to type 2.



## Medicare

- Australia's universal health insurance scheme
- Provides access to 'medically essential' or 'clinically necessary' healthcare services for all Australian permanent residents and those from countries under reciprocal agreement

covers —> anything clinically necessary	does not cover
<ul style="list-style-type: none"><li>- doctors consultations (including specialists) and associated treatments</li><li>- tests and examinations by doctors</li><li>- x-rays and pathology tests</li><li>- eye tests performed by optometrist</li><li>- most surgical and other therapeutic procedures performed by doctors</li><li>- some surgical procedures performed by dentists</li></ul>	<ul style="list-style-type: none"><li>- dental examinations (except for concession card holders)</li><li>- home nursing treatment</li><li>- ambulance services</li><li>- alternative services (unless referred to by a GP)</li><li>- acupuncture, physiotherapy, chiropractors</li><li>- cosmetic surgery</li></ul>

## Medicare's Funding

### Medicare Levy

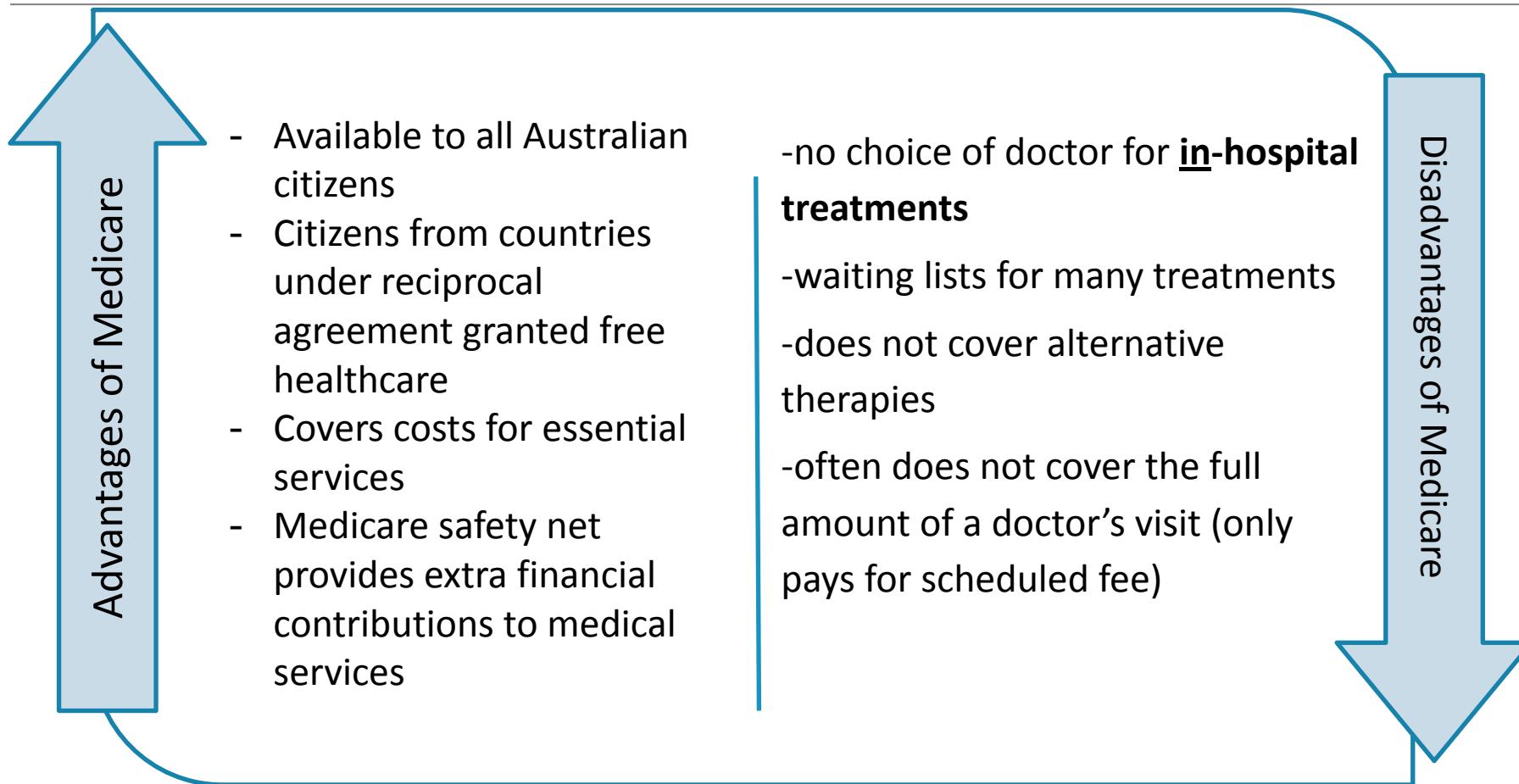
- 2% taxable income for those who earn above the threshold (LI earners and pensioners exempt)

### Medicare Levy Surcharge

- extra 1-1.5% of taxable income for high income earners without private health insurance (income means tested)
- to encourage individuals to take out private health insurance reduce the demand on the public health care system

### General Taxation

- revenue collected from Medicare Levy/ surcharge not enough to cover the full operating costs of Medicare



## Pharmaceutical Benefits Scheme

- Federal government initiative
- Aims to make essential medicines available through **subsidizing** range of **prescription medications** at affordable prices
- For Australian citizens and those under the reciprocal agreement

Advantages	Disadvantages
Includes PBS Safety Net to protect people from high cost of medication.	Significant financial burden on federal government (\$10.8 billion in 2015/16)
Provides access to essential medication at a subsidised rate or sometimes at no cost.	Generally does not cover all medications, only those PBS listed
Provides additional support to those with connection cards by having low co-payments	For most Australians, there still is a \$38.80 co-payment per prescription

## Private health insurance

- Additional cover that can be taken out on top of Medicare
- Incurs additional cost in the form of premium (plus any chosen extras)
- Covers services not covered by Medicare e.g. physiotherapy, dental services, maternity etc.

*- incentives*

*- advantages/ disadvantages*

## Incentives schemes for PHI

### Lifetime Health Cover

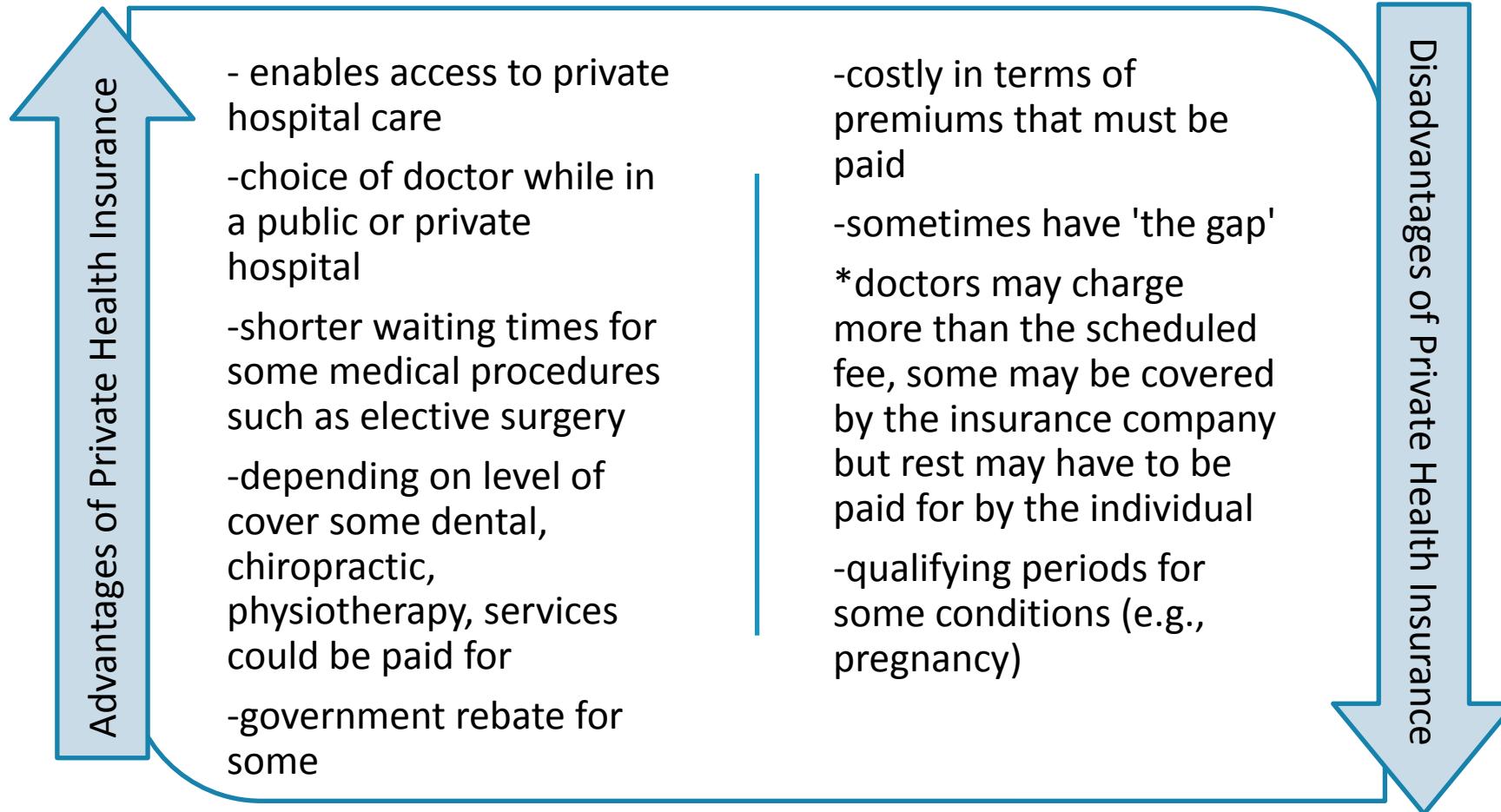
- When taking out PHI, those aged over 30 pay an extra 2% on their premiums for every year they are over 30 when they take out the policy
- maximum loading of 70%
- Targets young Australians

### Private Health Insurance Rebate

- receive rebate from government to help cover the cost of premiums
- designed to increase affordability and incentives of private health insurance
- Targets low- and middle-income earners

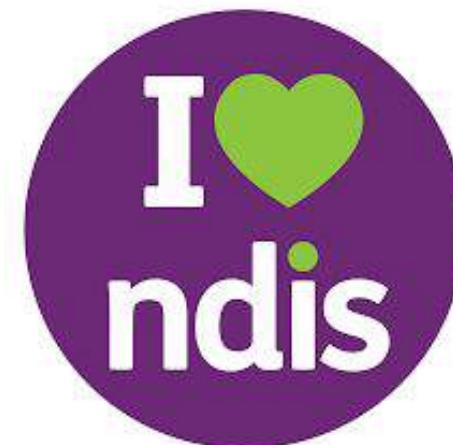
### Medicare Levy Surcharge

- those who earn over a set amount but do not have PHI must pay an extra 1-1.5% of their taxable income to Medicare (based on income, tested)
- Targets high-income earners



## National Disability Insurance Scheme

- Implemented by the National Disability Insurance Agency (NDIA)
- Services and support for **Australians/ permanent residents** with **permanent, significant disabilities under the age of 65** and their families and carers
- Funded by the Medicare Levy
- Individualised packages of support for all individuals who meet the eligibility criteria.  
Criteria include:
  - ❖ Must be aged under 65
  - ❖ Must have a lifelong and permanent disability



Necessary to link Australia's health system to the following

- **Funding**

- Financial resources that are provided to keep health system **adequately staffed** and **resourced** for a high level of care.

- **Sustainability**

- Health system that provides work and infrastructure, and is **innovative** and **responsible** to emerging needs, now and into the future.
- Involves interventions such as research and monitoring.

- **Access**

- Health system that ensures all can access quality healthcare in a **timely manner**.
- Irrespective of **financial situation** or **physical location**.

- **Equity**

- Ensures **all Australians** can access healthcare when required.
- Equal access does not necessarily mean the system is equitable.

Funding	Access	Equity	Sustainability
<ul style="list-style-type: none"><li>• Medicare Levy</li><li>• Medicare Levy Surcharge</li><li>• General Taxation</li></ul>	<ul style="list-style-type: none"><li>• Heavily subsidised medical services, making them financially accessible</li><li>• Reciprocal agreement</li></ul>	<ul style="list-style-type: none"><li>• Medicare Safety Net</li><li>• Low-income earners are exempt from paying the Medicare Levy</li></ul>	<ul style="list-style-type: none"><li>• Not all healthcare services are covered – only those deemed to be 'medically essential' or 'clinically necessary'</li></ul>

Funding	Access	Equity	Sustainability
<ul style="list-style-type: none"><li>General Taxation</li></ul>	<ul style="list-style-type: none"><li>Prescription medications are heavily subsidised, making them financially accessible</li><li>Prescription medications are available at local pharmacies, making them more geographically accessible</li></ul>	<ul style="list-style-type: none"><li>PBS Safety Net</li><li>Concession pricing schedule</li></ul>	<ul style="list-style-type: none"><li>Not all prescription medication is subsidised, only those deemed to be 'life-saving' or 'disease-preventing'</li></ul>

Funding	Access	Equity	Sustainability
<ul style="list-style-type: none"><li>Premiums (+ any extras paid)</li></ul>	<ul style="list-style-type: none"><li>Access to healthcare services not covered by Medicare</li><li>No waiting lists for non-emergency treatments (unlike Medicare)</li></ul>	<ul style="list-style-type: none"><li>PHI Rebate – income tested</li><li>Lifetime health cover loading is waived at 70% (age 65)</li></ul>	<ul style="list-style-type: none"><li>Alleviates pressure on the public healthcare system</li><li>Waiting/qualifying period ensures customers stay with an insurer long term (e.g., maternity)</li></ul>

Funding	Access	Equity	Sustainability
<ul style="list-style-type: none"><li>• Medicare Levy</li><li>• Participating state and territory governments</li></ul>	<ul style="list-style-type: none"><li>• Access to mainstream services and support</li><li>• Access to assistive technology</li></ul>	<ul style="list-style-type: none"><li>• Helps participants 'lead an ordinary life'</li><li>• Participants with greater needs/support requirements receive more support/funding</li></ul>	<ul style="list-style-type: none"><li>• Only the support/funding needed for a patient is provisioned, promoting financial sustainability</li></ul>

Area of consideration	Examples of how it promotes health in Australia	How it is reflected in			
		Medicare	The PBS	Private Health Insurance	The NDIS
Funding	Provides infrastructure such as hospitals and medical technology. Provides training for health professionals. Pay salaries of medical staff. Allows implementation of health promotion programs.	Medicare is funded through general taxation, the Medicare Levy and the Medicare Levy Surcharge.	The PBS is funded by the Commonwealth Government through general taxation.	Generally funded by members through the premiums they pay.	Funding shared amongst all levels of governments in Australia including the Medicare Levy
Sustainability	The development of an electronic health record (eHealth) system (My Health Record in Australia) which promotes sustainability by streamlining the record-keeping process. Ensuring the health workforce are adequately trained can reduce the numbers of issues raised with the health system. Public cancer screenings such as BreastScreen and Bowel Screen – early detection can reduce the cost of treatment and improve health status. Funding research can improve the way diseases are prevented and treated, reducing the strain on the health system.	Medicare only covers essential 'clinically necessary' health services which assists in saving funds for future years and generations.	The PBS aims to be economically sustainable by only adding medications that are more efficient at treating diseases than existing treatments.	Is economically sustainably as it helps to meet the healthcare needs of the current generation through placing less burden on the public healthcare system.	The extra 0.5% added to the Medicare Levy by the Commonwealth Government to support the NDIS attempts to make the scheme more financially sustainable.
Access	The Royal Flying Doctor Service receives funding from the federal and state/territory governments to maintain its fleet of air and road vehicles and reach and treat those in need regardless of geographic location. Indigenous Health Incentive – this initiative provides financial incentives to medical practices to provide culturally appropriate healthcare for Indigenous people.	Medicare aims to treat patients in hospitals based on need, which means those in most need are treated first.	Can provide timely access to medication at local pharmacies at a reduced cost without having to travel	Through incentives such as the rebate scheme, the government tries to make private health insurance more financially accessible	Aims to ensure all Australians with disability are able to access all the services they need to lead an ordinary life.
Equity	Interventions to increase access for those of low SES, those living outside major cities and Indigenous Australian work to promote equity. Public dental health services – the Victorian Government funds the Royal Dental Hospital of Melbourne and over 80 dental clinics in metropolitan and regional Victoria to provide dental treatment for vulnerable groups.	The Medicare Safety Net protects those who experience higher costs of healthcare by providing extra financial support.	PBS safety net further protects individuals and families from large overall expenses for PBS-listed medicines.	Private health insurance rebate scheme provides a greater rebate for lower income earners to promote equity.	Due to the individualised plan, the NDIS provides more support to those who need help the most.

- **The Role of Health Promotion**
  - In relation to:
    - Smoking, Road Safety OR Skin Cancer
- **Promoting Indigenous health and wellbeing**
- **Promoting Healthy Eating in Australia**
  - The Australian Dietary Guidelines
  - Australian Guide to Healthy Eating
  - Nutritious Australia (incl. Healthy Eating Pyramid)
  - Challenges in bringing about dietary change

We will cover these in  
the April lecture!!

## Wrap Up

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**THANK YOU EVERYONE FOR  
COMING!!**

**HOPE YOU GUYS ENJOYED**

